to beginning chemoradiation was: 52.66 days for S1 (p25 = 34, p75 = 67); 58.77 days for S2 (p25 = 39, p75 = 76.5); and 83 days for S3 (p25 = 54, p75 = 111) ($p < 0.0001$). 2 and 3 year OS was: 78 and 73% for S1; 79 and 79% for S2; and 70 and 61% for S3 (Log-Rank = 0.4)
Conclusion. Delay in starting definitive therapy is longer after surgical staging. No statistically significant differences were found for OS by the staging method.

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Our experience in the treatment of endometrial cancer

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Objectives. To analyze the results of the treatment in terms of disease-free survival, overall survival and cancer specific survival in patients with endometrial cancer treated with surgery plus radiotherapy in our center.
Material and methods. Retrospective study of 369 patients with endometrial cancer treated with surgery plus radiation therapy in our center from September 1992 to July 2008. Median age 63 years (range 32–86). 91% of patients had metrorrhagia as the initial symptom and 93% underwent total hysterectomy plus bilateral adnexectomy with or without pelvic lymphadenectomy. 25 patients (7%) did not have surgery due to morbid obesity or medical contra indication. 80% of the patients were stage I–II and 16% stage III–IV. Adenocarcinoma endometriode (65.6%) was the most frequent histological type. 74% of the patients received external-beam radiation therapy plus brachytherapy, 17% and 5% external radiation therapy or brachytherapy. 89% of the patients were treated with 3D conformal radiotherapy to the pelvis with or without a boost over parametrium and with or without inclusion of the periaortic nodes (median total dose of 50.24 Gy (range 45–65)/2 Gy/session/day). Kaplan–Meier curves have been used for the statistical analysis of survival and Cox regression for the influence of prognostic factors in the results. Treatment-related toxicity was assessed using the Radiation Therapy Oncology Group and the National Cancer Institute's Common Terminology Criteria for Adverse Events guidelines.
Results. With a median follow-up of 114 months (range 6–241), 14% of the patients had recurrence, 6% had distance metastases and 2% local relapse. The 15 year disease-free survival, overall survival and cancer specific survival were 82%, 47% and 81% respectively. The majority of the patients had initial and late grade 1–2 toxicity.
Conclusions. According to our long-term results the locoregional control in patients with endometrial cancer treated with surgery plus radiotherapy is high, and the decrease in the overall survival rate was due to mortality in relation to age and comorbidities.

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Pelvic MRI to follow-up cervix cancer patients, preliminary results

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Introduction. It's necessary to establish an agreement about follow-up in cervix cancer. Most of the relapses appear in the first two years. It's important to determine the local response as a basic prognostic factor and to plan a salvage surgery if it's indicated. The objectives were to establish a protocol in which MRI is used not only for staging but also for follow-up.
Material and methods. From September 2009 to January 2013, 31 cervix cancer patients (pt) were treated with radiochemotherapy and brachytherapy with curative intent. A pelvic MRI, body CT and para-aortic lymphadenectomy were performed. Follow-up visits were scheduled every three months during the first two years, including physical and gynecological examination, cytology (every six months) and chest X-ray (once a year). Also, two pelvic MRI were scheduled at 2 and 5 months.
Results. In 22 pts (73.3%), two pelvic MRI demonstrated that a complete radiological response was achieved. In this group of patients, with a median follow-up of 21.1 months, 19 pts (86.3%) are no evidence of disease (NED), 2 pts have presented local failure and 1 pt distant metastasis. In the remaining 8 pts (26.7%), the first MRI showed a high probability of persistence of local tumor. Of them, in 6 pts a PET-TAC was performed, with local tumor in 5 pts (one with distant metastasis also), and 1 pt without any uptake. A salvage surgery could be planned in the 4 pts with local tumor in PET-TAC. The pathological examination showed a pathological complete response in 2 pts and persistence of tumor in 2 pts.
Conclusions. Preliminary results of our follow-up protocol indicate that two pelvic MRI performed at 2 and 5 months after treatment, could be enough for assessing local complete response in cervix cancer pts and for planning a local salvage treatment if indicated

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